



DTDC Express Limited
 Regd. Office: No-3, Victoria Road
 Bengaluru - 560047

ORIGIN	GHY	DEST.	PUNE
POUCH NO.		DATE	24/10/24

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Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

The consignment note is not a tax invoice. A tax invoice will be made available by DTDC or its channel partner as the case may be, upon request.

1 Sender's (Consignor) Name: Anandya Ph: Sendar
 Company Name & Address: Borah
 City: _____ State: _____ PIN Code: _____
 Sender's GSTIN*: _____ *Where Applicable

2 Recipient's (Consignee) Name: Vishnu Lele
 Company Name & Address: _____
 City: _____ State: 44014 PIN Code: _____
 Recipient's GSTIN*: _____ *Where Applicable

3 Nature of consignment Dox Non-Dox Total Num Pcs: _____
 DIM 1: L _____ cm X B _____ cm X H _____ cm X _____ Pcs Actual Wt.: _____ kg
 DIM 2: L _____ cm X B _____ cm X H _____ cm X _____ Pcs Volumetric Wt.: 0.2 kg
 DIM 3: L _____ cm X B _____ cm X H _____ cm X _____ Pcs Chargeable Wt.: _____ kg

4 Description of Content _____ Total Value of consignment for carriage / E-Way bill ₹

5 Paper Work Enclosures _____

6 Type of consignment Commercial Non Commercial
7 Value Added Services Secure Pack 7.1 Passport 7.2
 COD 7.3 Sunday Plus 7.4 Office Collect 7.5
CN Expiry Date _____

9 I/We declare that this consignment does not contain personal mail, cash, jewellery, contraband, illegal drugs, any prohibited items and commodities which can cause safety hazards while transporting

10	Charges	Amount (₹)
a)	Tariff (incl. of FSC+GST)	
b)	Value Added Service Charges	<u>330/-</u>
c)	Risk Surcharge	
d)	Total amount (a+b+c)	

8 Mode Surface Air cargo Express

Consignment Number:  **V84330736**

Sender's Signature & Seal
 Date: _____ Time: _____ AM/PM

Above charges are inclusive of GST & other taxes if applicable
 Mode of Payment:
 Cash Card Wallet

I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.

11 Booking Branch / Franchisee Code _____
 Courier Signature M

13 Receiver's Name: _____
 Relationship: _____
 Company Stamp & Signature: _____
 Ph No.: _____ Date: _____ / _____ / _____ Time: _____ AM/PM

12 Risk Surcharge

Owner	<input type="checkbox"/>
Carrier	<input type="checkbox"/>

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